

State of California-Health and Human Services Agency Department of Health Services



May 20, 2005

CCS Information Notice No.: 05-06

TO: ALL COUNTY CALIFORNIA CHILDREN'S SERVICES (CCS)

ADMINISTRATORS, MEDICAL AND THERAPY CONSULTANTS, CHIEF/SUPERVISING THERAPISTS, STATE CHILDREN'S MEDICAL

SERVICES (CMS) BRANCH AND REGIONAL OFFICE STAFF

SUBJECT: REQUEST FOR COMPLETION OF THE STATE APPROVED 100

PERCENT STATE FUNDED STAFF ALLOCATIONS FOR COUNTY MEDICAL THERAPY PROGRAMS (MTP) FORM FOR FISCAL YEAR

(FY) 2005-2006

The purpose of this CCS Information Notice is to request completion and submission of the enclosed allocation form titled, "State-Approved 100 Percent State-Funded Staff Allocations for County MTP" for FY 2005-2006. This form must be reviewed and approved annually by the CMS Branch for County CCS Programs to invoice 100 percent state-funded MTP positions. Allocations are provided to County CCS Programs to fund staff to perform liaison activities between Local Education Agencies (LEAs) and MTP clients.

The allocation approval form includes space to report the total number of children in the County MTP caseload with Individual Education Programs (IEP) and Individualized Family Service Plans (IFSP).

The following constitute acceptable method of documentation that a child has an IEP:

- 1. An IEP in the child's chart (whole or part),
- 2. A written notice from the LEA that the child has an IEP.
- 3. A request to participate in a meeting on the child's IEP (written or verbal). If verbal, it must be documented in the narrative.
- 4. Participation in an IEP meeting documented in narrative.
- 5. A current release of information (ROI) form from the IEP team.

Internet Address: http://www.dhs.ca.gov/pcfh/cms

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If such documentation is available, the child can be added into the total count specified in # 4 in Numbered Letter 01-0301 (enclosed). Please refer to that numbered letter for specific instructions on completion of the form.

Please submit the completed form to your CMS Regional Office Therapy Consultant before **July 1, 2005**. After the CMS Branch has reviewed your request and calculated the number of positions required to comply with interagency regulations, you will be informed of the number of positions approved for 100 percent state funding for FY 2005-06.

If you have any questions, please contact your CMS Regional Office Therapy Consultant.

Original signed by Marian Dalsey, M.D., M.P.H.

Marian Dalsey, M.D., M.P.H., Acting Chief Children's Medical Services Branch

Enclosures

DEPARTMENT OF HEALTH SERVICES

714 / 744 P STREET P.O. BOX 942732 SACRAMENTO, CA 94234-7320 (916) 654-0499



March 5, 2001 N.L.: 01-0301

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TO: ALL COUNTY CALIFORNIA CHILDREN'S SERVICES (CCS)

ADMINISTRATORS AND MEDICAL CONSULTANTS,

CHIEF/SUPERVISING THERAPISTS, STATE CHILDREN'S MEDICAL

SERVICES (CMS) STAFF

SUBJECT: INSTRUCTIONS FOR COMPLETION OF THE "STATE-APPROVED 100

PERCENT STATE-FUNDED STAFF ALLOCATIONS FOR COUNTY

MEDICAL THERAPY PROGRAMS" FORM

The purpose of this letter is to provide instructions to county CCS programs and CMS Branch Regional Offices on staffing that is funded 100 percent by the State for the implementation of the AB 3632 Interagency Regulations. This letter supercedes numbered letter 20-0898, dated August 14, 1998. Compliance with the interagency regulations requires the county CCS programs to provide staffing for specific therapist functions. These functions include:

- 1. Providing a Medical Therapy Program (MTP) liaison to the Local Education Agency (LEA) to coordinate MTP activities with special education;
- 2. Having a therapist attend Individualized Education Program (IEP) meetings when requested by the parent of LEA; and,
- 3. Providing additional clerical support.

The cost for providing staff to perform these duties is reimbursed 100 percent by the State CCS program for counties with Medical Therapy Units (MTUs).

Annually, the CMS Branch will issue a CCS Information Notice requesting county CCS programs to complete and submit the "State-Approved 100 Percent State-Funded Staff Allocations for County Medical Therapy Program" form (see enclosure). The data necessary for the State CMS Branch to determine the amount of the allocation to each county CCS program for these functions is submitted on this form. In order to approve the therapy staff claimed on the quarterly expenditure invoice, the county CCS program needs to provide the following information to the State CMS Branch:

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March 5, 2001

- 1. The number of LEAs and Special Education Local Planning Areas (SELPAs) with which the county CCS program is coordinating to determine the full-time equivalents (FTEs) needed for the MTP liaison to the LEA.
- 2. The total number of children currently followed by the MTP as "open cases." The number of "open cases" is defined as an unduplicated count of all MTP-eligible children receiving either physical therapy, occupational therapy, medical therapy conference, or any combination of these services. A child is <u>not</u> to be counted more than once.
- 3. The number of MTUs in the county. Satellites or any facility that does not meeting MTU status are <u>not</u> included in this count.
- 4. The total number of children in the county MTP with IEPs. To determine the number of therapists necessary to attend IEP meetings when requested.
- 5. The total number of children in the county with MTP Individualized Family Service Plans (IFSPs). To determine the number of therapists necessary to attend IFSP meetings when requested.
- 6. The prescribed hours per week of both physical and occupational therapy in the MTP.

The form is to be completed by the county MTP and then reviewed for accuracy and signed by both the chief/supervising therapist or equivalent, and the CCS program administrator. The form will be requested on an annual basis through a "Request For Completion of the State Approved 100 Percent State Funded Staff Allocations for County Medical Therapy Programs."

The information of the form, submitted on an annual basis, along with the formulas identified in the "Staffing Standards for MTP Coordination with SELPA/LEA" will be used to determine the number of 100 percent state-funded FTEs necessary for the county CCS program to comply with the interagency regulations. After the CMS Branch has calculated the number of positions to be approved based on the submitted data, a letter will be sent to the county CCS program to inform them of the number of positions allocated at 100 percent state funding for the current fiscal year.

N.L.: 01-0301 Page 3 March 5, 2001

The funding for staff required to perform the duties implementing the interagency regulations is incorporated into the CCS therapy expenditure invoice. The CCS Expenditure Invoice form for the MTP allows counties to claim 100 percent State funding for approved staff.

If you have questions about the information required on the form or the calculations relating to the 100 percent state-funded positions, please contact your regional office therapy consultant. If you have questions about the quarterly invoice submission, please contact the Administrative Unit, at (916) 654-0499. Thank you for your assistance.

Original signed by Maridee A. Gregory, M.D.

Maridee A. Gregory, M.D., Chief Children's Medical Services Branch

Enclosure

State-Approved 100 Percent State-Funded Staff Allocations For County Medical Therapy Programs (MTPs)

Fiscal Year ____/___

TO BE COMPLETED BY COUNTY CCS PROGRAM

County	Date	
Total No. of MTUs in County	Total No. of Child Caseload	dren on MTP
Total No. of LEAs in County		
Total No. of SELPAs in County	Total No. of Children on MTP Caseload with IEPs	
Prescribed Hours per week of Physical Therapy	Total No. of Children on MTP Caseload with IFSPs	
Prescribed Hours per week of Occupational Therapy		
Chief Therapist/Unit Supervisor	CCS Administrat	or
(Print Name)	(Print Name)	
Signature	Signature	
TO BE COMPLETED BY STATE 1	THERAPY CONS	ULTANT
100 Percent State Funded Positions:		No. of FTEs
MTP Liaison to the SELPA (Therapist)		
2. MTP Liaison to the SELPA (Clerk)		
3. Therapist(s) for IEP Attendance/Consult	tation	
Approved by: State Therapy Consultant	Date: _	